# Robert C. Byrd Honors Scholarship Program

2004-2005 Application

### 2004-2005 ROBERT C. BYRD HONORS SCHOLARSHIP PROGRAM APPLICATION INSTRUCTIONS

**APPLICATION:** Students meeting the eligibility requirements for the Robert C. Byrd Honors Scholarship Program must submit a completed application to their high school guidance counselor by February 1, 2004. Federal regulations mandate that scholarships be awarded nationwide to qualified high school seniors and GED recipients from a representative population of each state "who demonstrate outstanding academic achievement and show promise of continued academic achievement." The total number of scholarships allocated for Kentucky will not exceed 95. The six congressional districts of Kentucky will be used as a basis for insuring proportional distribution.

Each participating school must select and submit applications according to the following guidelines:

High schools with enrollments of 1500 or more may nominate up to 5 applicants.

High schools with enrollments of 1000-1499 may nominate up to 4 applicants.

High schools with enrollments of 500-999 may nominate up to 3 applicants.

High schools with enrollments of 1-499 may nominate up to 2 applicants.

Counselors will screen applications, select the most qualified students, and submit the appropriate number of applications. The school must submit selected applications to Kentucky Higher Education Assistance Authority (KHEAA); applications will not be accepted if mailed by individual students. **Applications must be postmarked no later than February 15, 2004.** 

**ELIGIBILITY:** To meet the requirements for a scholarship, the student must:

- Have graduated from a secondary school, public or non-public, or received a GED during the period from July 1, 2003, to June 30, 2004.
- 2. Have a minimum 7-semester GPA of 3.5 and achieved a minimum score of 23 on the ACT or 1060 on the SAT.
- Have applied for admission or been accepted for enrollment at a public or private non-profit or higher education
  institution or a qualifying postsecondary school. KHEAA will assist students and secondary school officials in defining
  the eligibility of a postsecondary school.
- 4. Be a resident of the Commonwealth of Kentucky. Residency of students who have not yet reached 18 years of age is determined by the Kentucky residence of their parent(s) or guardian(s).
- 5. Be a U.S. citizen or national. An applicant who is not a U.S. citizen will be requested to provide evidence from the U.S. Immigration and Naturalization Service that he/she is a permanent resident of the United States or is in the United States for other than a temporary purpose with the intention of becoming a citizen or permanent resident. A student in this category must attach a photocopy of the back and front of his/her "green card" to the application.
- 6. Agree to comply with the requirements of the institution of higher education.
- 7. Pursue a course of study at an institution. A scholar is deemed to be pursuing a course of study if he/she is enrolled at an institution of higher education as a full-time student. This determination is made by the institution using standards applicable to all students in that school's course of study.

**SELECTION:** Applicants who meet the minimum requirements will be considered based on performance in high school or on the GED exam. Special consideration will be given to those individuals who have overcome hardship and/or are first-generation college students.

Each scholarship recipient must fully adhere to Kentucky Higher Education Assistance Authority's required procedure to have the scholar's actual enrollment verified by the institution's registrar. Check transmittal will be initiated upon receipt of the postsecondary institution enrollment confirmation to KHEAA.

KHEAA will make scholarship awards in accordance with the criteria and procedures approved by the U.S. Department of Education and the final Federal Regulations covering the scholarship program, 34 CFR 654; and Federal Regulations defining institutional eligibility under the Higher Education Act of 1965 as amended, 34 CFR 600.4. KHEAA ensures equitable access to students with special needs participating in this federally assisted program. Copies of these referenced federal regulations are available by written request to Amy Sword, Byrd Scholarship Coordinator, Kentucky Higher Education Assistance Authority, P.O. Box 798, Frankfort, KY 40602-0798.

STUDENT DATA SHEET
(Please type or legibly print all information.)
Must be submitted to counselor by February 1, 2004.

| APPLICANT (to be filled out by applicant)  |                                     |  |  |  |
|--|-------------------------------------|--|--|--|
| Name (First, Middle, Last)   | SSN:                                |  |  |  |
| Address  | Congressional District (1-6)        |  |  |  |
| CityStateZip_  |                                     |  |  |  |
| Phone:   | U.S. Citizen Yes No                 |  |  |  |
| E-mail:  | INS Green Card Copy AttachedYesNo   |  |  |  |
| PARENT/GUARDIAN (to be filled out by parent/guardian)  |                                     |  |  |  |
| Parent/Guardian Name (First, Middle, Last)   | Phone (if different from applicant) |  |  |  |
| Address(if different from applicant)   | Did either parent attend college?   |  |  |  |
| CityStateZip_  | Yes No                              |  |  |  |
| Parent/Guardian Signature  | Student/Applicant Signature         |  |  |  |
| HIGH SCHOOL (to be filled out by guidance counselor)   |                                     |  |  |  |
| School Name  |                                     |  |  |  |
| Address  |                                     |  |  |  |
| CityStateZip_  |                                     |  |  |  |
| GPA (unweighted) GPA (weig   |                                     |  |  |  |
| Applicant will be qualified to graduate in commencement exercise scheduled for: / /2004 (month) (day)  |                                     |  |  |  |
| Counselor Recommendation: A brief recommendation (50 words or less) is required on the following page. |                                     |  |  |  |
| Counselor's Name   | Counselor's Signature               |  |  |  |

## STUDENT ACADEMIC HONORS/ACTIVITIES (Please type or legibly print.)

| St  | Student Name Social Security Number |      |                        |      |  |  |
|---|-------------------------------------|------|------------------------|------|--|--|
| List honors, activities, and community service below in chronological order, starting with the current year. Use only the space provided. |                                     |      |                        |      |  |  |
|   | Community Service                   | Year | School Activities      | Year |  |  |
|   |                                     |      |                        |      |  |  |
|   |                                     |      |                        |      |  |  |
|   |                                     |      |                        |      |  |  |
|   |                                     |      |                        |      |  |  |
|   |                                     |      |                        |      |  |  |
|   |                                     |      |                        |      |  |  |
|   |                                     |      |                        |      |  |  |
|   |                                     |      |                        |      |  |  |
|   | Academic Honors                     | Year | Academic Honors, cont. | Year |  |  |
|   |                                     |      |                        |      |  |  |
|   |                                     |      |                        |      |  |  |
|   |                                     |      |                        |      |  |  |
|   |                                     |      |                        |      |  |  |
|   |                                     |      |                        |      |  |  |
|   |                                     |      |                        |      |  |  |

## **COUNSELOR RECOMMENDATION**

(Please type or legibly print.)

| Student Name_   | Social Security Number   |
|---|--|
| Please provide a brief justification (50 wor following: Does this student demonstrate | ds or less) for your selection of this student. Please consider the outstanding academic achievement and show promise of continued aced certain obstacles that make his/her level of achievement |
|   |  |
|   |  |